

Alderwood L.L.A. Limited

# Alderwood LLA Limited - The Chestnuts

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

Alderwood LLA Ltd The Chestnuts provides accommodation, personal care and support for up to six people who have a learning disability and autistic spectrum disorder. It is situated in a residential part of Rushden. The service had been adapted to meet people's needs, such as having ample shower rooms a variety of areas where people could go to spend quiet time and clear pictorial signage to clarify what rooms were used for. On the day of our inspection there were six people living in the service.

The inspection was unannounced and took place on 14 June 2016.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was led by a dedicated and passionate registered manager, who was well supported by a strong and positive management structure within the provider organisation. Alongside the registered manager, the service was led by a general manager who led by example and was equally driven, committed and passionate about making sure people were provided with care which fulfilled their needs and made them happy. There was an established culture within the service that put people first and at the centre of delivery of care. The culture was open, enthusiastic and uplifting.

Staff were proud to work for the service and wanted it to be the best it could. As a result, they had strong and firm values and a shared vision, and strived to give people really positive care experiences and to provide high quality care. They were aware of, and understood, the high standards of care expected by the provider and registered manager, and worked hard to ensure that they observed this positive philosophy. We found that they were confident and knowledgeable in their ability to support and care for people. Their passion, motivation and dedication to supporting people live a fulfilled life was evident. They faced up to challenges which arose and used these to learn and move forward. The provider philosophy was that people should be able to access the best of everything in life and have ample opportunities to achieve their goals.

Staff had ample opportunity to share ideas for change, and exchange information about possible areas for improvements to the registered manager. Ideas for change were welcomed by the registered manager and provider, and used to drive improvements and make positive and life enhancing changes for people. Quality monitoring systems and processes were used robustly to make positive changes, drive future improvement and identify where action needed to be taken. All staff told us they wanted standards of care to remain high and so used the outcome of audit checks, review meetings and questionnaires to enable them to provide excellent quality care.

People were safe and were calm and relaxed in the presence of staff. Staff demonstrated a strong awareness of what constituted abuse and had a positive approach towards keeping people safe. They understood

their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom and to enable them to live as safely and independently as possible.

Robust recruitment checks took place to ensure that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's support needs, to keep them safe and to enable them to do the things they enjoyed.

People received their medicines when they needed them. Staff managed medicines in a safe way, and had been trained in the safe administration of medicines.

Staff received regular training, based upon best practice in learning disability and autism, which provided them with the knowledge and skills to meet people's needs in a really person centred manner. They also received regular supervision and appraisal which enabled them to discuss training requirements and career development needs.

People's consent was sought by staff before any care or support was provided or activity was engaged in. This was done with the intention of giving people as much control over their lives as possible. Where people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them, staff ensured people's rights to receive care that met their needs was protected, and that any care and treatment was provided in the least restrictive way.

People were supported to access appropriate amounts of good quality, nutritious food and engage in the preparation of this, if this was something they wanted to do. A wide variety of meal options were available for people, which also included any specific nutritional and cultural dietary requirements. People were also supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health had improved due to the care and support staff gave.

People were supported by caring and dedicated staff that really enjoyed their work and were passionate and driven to give people the best of everything. They wanted people to receive good quality care that was person centred and specific to their needs and ensured that people's needs were met in a timely manner. People were considered to be the very heart of the service, the atmosphere was pleasant and there was lots of laughter and good humour, with kind and trusting relationships evident between staff and people.

People had been involved in the planning of their care. It was evident that they felt included in discussions, being able to say what they wanted and how they wanted it to be delivered. We found that care plans were based around the individual needs of people, as well as their healthcare requirements and preferences for activities. People had been supported to develop new life skills and gain independence, using individually created development programmes based upon areas they wanted to work upon. This process enabled people to lead a fulfilled and more enriched life.

Staff worked with people to access a wide range of activities, focused on people's individual needs. This included on-going support to access the local community, using local facilities to avoid social isolation. A variety of activities, were also available on site for people to engage in at times that suited them.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No complaints had been received recently. Staff

knew how to respond to a complaint should one be received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe and protected. Staff understood their responsibilities around safeguarding people from harm and abuse

Risks to people's health and safety had been identified and detailed guidelines were in place to support staff to minimise potential risks.

Robust recruitment systems were in place to ensure that staff were suitable to work with people. There was sufficient numbers of skilled and experienced staff to meet people's specific needs.

Suitable arrangements were in place for the safe administration and management of medicines. People's medication was managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had regular training to develop their skills and knowledge and enable them to competently perform their duties.

Staff felt supported by senior staff, and had access to on-going supervision to enable them to support people.

People's rights had also been protected from unlawful restriction and decision making processes. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People's nutritional needs were appropriately met and they were supported to enjoy a balanced diet. Where required, specific dietary needs were catered for.

People's healthcare needs were met so that their general health and wellbeing was maintained.

### Is the service caring?

Good ●

The service was caring.

Staff were courteous, kind, and caring, and showed compassion in their approach with people. They were committed to supporting people to be as independent as possible and valued them for who they were. People were placed at the heart of the service delivery.

Communication was meaningful as staff were able to understand the people they supported and worked with them to enhance their ability to communicate in a way that was appropriate for the person.

People had built up trusting relationships with staff, being involved in decisions about the care they received.

People were treated with dignity and respect and staff worked hard to ensure this was maintained not only amongst the staff team, but between each person as well.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff took time to get to know people before they moved into the service, so the provision of care could be tailored to their specific requirements. They knew people's individual needs, likes and dislikes and provided really person centred care.

Care plans involved people and gave detail about the support needs of people and were in a format that individuals could understand. People were involved in their care plan reviews which ensured they remained happy with the care they received.

People had a choice about their daily routine and any activities they chose to do were flexible, so they had control over their lives.

People and their relatives were encouraged and supported to provide feedback and express their views on the service. Feedback was used to drive improvements.

### **Is the service well-led?**

**Outstanding** ☆

The service was extremely well- led.

People were placed at the heart of the service delivery. They were supported by a highly motivated, consistent and dedicated team of care staff who worked to the provider philosophy.

The provider and registered manager promoted strong values and a person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values to ensure that high quality, holistic care was given to people.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The provider had robust systems in place to monitor and improve the quality of the service people received. There was a strong emphasis on continual improvement and the use of best practice guidelines to benefit people and staff.

The service worked with relevant professionals and organisations to promote understanding within autism.

# Alderwood LLA Limited - The Chestnuts

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Prior to this inspection we also reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met with three people who used the service and reviewed feedback from four relatives who expressed their satisfaction with the service. We also spoke with one healthcare professional to see what they thought about the care people received.

So we could be assured that staff felt supported in their work, we spoke with the registered manager, home

manager and deputy manager. We also spoke with five care staff and the activity coordinator. In addition to this we spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at three people's care records to see if their records were accurate and reflected their needs. We reviewed three staff recruitment files, three staff training records and three staff supervision records, along with two weeks of staff duty rotas to ensure that staff numbers were suitable to keep people safe and that training was appropriate to meet people's needs. We also reviewed further records relating to the management of the service, including quality audits and health and safety checks to establish how quality assurance was maintained in order to drive future improvement within the service.

## Is the service safe?

### Our findings

People were kept safe from avoidable harm and abuse. They felt safe within the service and experienced security with the support they had from staff. Relatives confirmed they were happy with people's safety, both in respect of the security of the environment they lived in and with the care they received. They had no concerns and felt that staff protected people from the risk of harm and neglect. One relative said, "They go above and beyond to ensure [Name of Person] is safe." Relatives felt that staff supported people to be as safe as they could be both inside and outside of the service.

People were observed to be calm, comfortable and relaxed in the presence of staff and we noted that they often looked to them for guidance about things throughout our inspection.

Staff told us they had received robust training on safeguarding and were able to explain the procedure of raising concerns, as well as describe the types of concerns they would raise. They demonstrated their awareness of how to keep people safe from harm and were also aware of the system for reporting concerns to the local authority or other agencies should this be required. One staff member told us, "I would tell the senior or manager and can also go to [Name of Operational Manager] as she is the safeguarding lead." Another staff member told us, "We are here to keep people safe so it is important that we act on things. I would always report anything straight away."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. One staff member told us, "The training we have in safeguarding gives you the confidence to know what to do, what action to take." There was a current safeguarding policy and accessible information about safeguarding, including the details of the local safeguarding team. Records showed the registered manager was aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate.

Staff had also received appropriate training in how to positively manage behaviours that challenged whilst protecting the rights of people living at the service. They spoke positively about this training and how it enabled them to identify the kinds of things that an individual found stressful, and develop ways of supporting people in a safe and planned way. Staff used nationally recognised positive behavioural support techniques designed to alleviate the need for restraint or restrictive practices towards people.

Staff told us that a record of all incidents and accidents was held, and we found evidence that the general manager had reviewed each record and that appropriate action had been taken to reduce the risk of recurrence. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so they continued to have care that was appropriate for them and the risk of future avoidable harm mitigated.

The general manager had also carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, the communal areas and kitchen, the storage of medicines and the security of the building. People living at the service had Personal Emergency Evacuation

Plans (PEEP's) which included their understanding of fire safety, the support that would be required in an emergency and how the person should evacuate the service if there was a fire.

Risks to people's safety had been further minimised through assessments, which identified potential risks and aimed to promote people's independence and autonomy. Relatives were aware that people had individual risk assessments which were designed to keep them safe, whilst enabling them to regain some independence. Staff felt confident that the risk assessments in place helped them support people safely, both within the service and in the community. One staff member said, "The risk assessments always get updated if people's needs change. That helps us to keep them safe." The general manager said, "It is important to have risk assessments and where possible, we complete them with the person so they are involved in the process and can have their say." Another staff member told us, "The risk assessments are really good, they are updated regularly and help us to know what people are safe to do." Risk assessments were individual to people and focused on their support needs and their choices. Examples included epilepsy and personal awareness of danger, such as crossing the road or engaging in the local community.

We saw that records of risk assessments were accurate and kept up to date. Control measures to minimise the risk had been identified and if the risk was considered to be high, we found that additional controls were implemented to address this. Control measures included providing additional staffing, or being flexible around staff cover which enabled people to continue to take part in activities in a way that kept them as safe as possible.

Staff had been recruited safely into the service using a robust process. The general manager confirmed that all new staff were unable to commence their role until two completed references had been received, along with a Disclosure and Barring Service (DBS) checks. Recruitment safeguards included the receipt of two reference checks, DBS checks, visa checks and a full employment history review. Records showed relevant reviews had been completed to ensure the applicant was suitable for the role to which they had been appointed, before they had started work. The provider ensured staff were suitable and safe to work with people who lived at the service.

There were enough staff on duty to keep people safe and allow them to fulfill their daily routines. Relatives were appreciative of this and felt that the numbers of staff on duty meant that people were supported to engage in a variety of activities and enabled to remain safe. Staff acknowledged that there were enough of them to support people appropriately. One staff member said, "There is always enough of us, we use agency staff sometimes but the same ones for consistency. People here need two to one care but we can give that." We were also told, "We don't have a problem with staffing. We use high numbers of staff to safeguard people." The general manager explained that rotas were compiled for staff in advance, on the day of our inspection we found that there were 13 staff members on duty, which meant that each person had their required ratio of two to one and that there was an additional member of staff who was a 'floater'. The staff member acting as a 'floater' was able to support people and enable staff to take a break. The staff rotas we reviewed confirmed the number of staff on duty was as detailed on record. Staffing levels were reviewed on a regular basis, and adjusted if people's needs changed. There was enough staff to meet the needs of people and to keep them safe.

There were appropriate arrangements in place for the safe administration and management of people's medicines. Relative feedback indicated that they had no concerns about people's medication. We heard how one relative was very satisfied how staff had worked with healthcare professionals to reduce the amount of sedating medication that their loved one had been prescribed. This had a beneficial impact upon that person's ability to engage and interact with other people in the service.

Staff told us they considered that the administration of medication was a really important part of their role. One staff member said, "We have to have training before we can give it and then there are always two of us, one to give the medication and another to witness that the person has taken it." Records showed that staff had been trained to administer medication and their competency assessed as part of this process. We found that the service had a robust monitoring system in place to make sure that medication stock levels were accurate. There were specific protocols in place to assist staff in administering medicines safely which included details of the person's preferred method of administration, the reason why the medicine had been prescribed and, for the administration of 'as and when needed' (PRN) medicines, the circumstances for administering the medicine. Medicines were stored and administered in line with current guidance and regulations.

## Is the service effective?

### Our findings

Relatives said that staff had the skills required to care for the people living in the service. Feedback from them was positive and emphasised that staff knew what to do to meet people's needs, for example in respect of managing people's behaviour and supporting them gain new life skills. One relative had stated that all the staff members knew exactly what to do in respect of managing one person's behaviour, another felt that staff used their knowledge to good effect to support someone to lose weight. We observed that staff used their training appropriately, by providing people with care which met their needs. When people's behaviour escalated, staff were able to respond in a manner which provided the person with immediate resolution; they became calm and were able to return to their normal routine. People received appropriate care, based on best practice, from staff that had the knowledge and skills they needed to competently carry out their roles and responsibilities.

A comprehensive induction programme was in place for all new staff. One staff member told us, "The induction is very good, it gives us the information we need to know." The general manager advised us that this was based upon the Care Certificate so that it assessed new staff against the core essential standards of care. It also ensured they were equipped with the necessary skills to carry out their role and gave them the benefit of learning new skills. The induction programme enabled staff to be assessed against a variety of competencies, which took them through until the conclusion of their probation period. As part of the induction process, staff had been assigned a mentor for a period of six months, with whom they met on a monthly basis and who could offer support to them about any aspects they required. Staff were also given a buddy within the service, so they could benefit from working alongside a more experienced member of staff as additional support. Training records confirmed staff received a period of induction which had been delivered at their own pace, so as to enable them to feel supported in meeting peoples' assessed needs.

Staff told us that they received a lot of training, right from when they first joined the provider organisation. All staff spoke positively about the impact that the training had upon them and the confidence that it gave them to undertake their role and support people. One staff member told us, "The training is really, really good here. We get lots of it and always get told when we need a refresher." Another staff member said, "I have learnt a lot from the training, it all helps to build our confidence and make us do a good job." The general manager also told us they had been supported to commence the Level 5 Qualification Credit framework (QCF) to enable them to gain increased management skills. Training was completed on a face to face basis, and covered a wide range of core training needs, along with more specific areas of training, including autism awareness, equality and diversity and safeguarding.

Staff had regular supervision and appraisal and told us that they were encouraged to work their way up in the organisation, to develop and move to more senior roles. One staff member said, "It's open door here, there is always someone to talk to, to ask questions of. We get regular supervisions which help us to talk about any training needs." Another staff member told us, "Supervisions and staff meetings, we have them both regularly. They always are useful but the good thing is we don't have to wait. We can always talk to anyone. The manager is great, really helpful and supportive." Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

Our observations confirmed that staff gained consent before providing people with support, for example, with personal care or meal preparation. People showed their consent in a variety of ways, by either verbalising this or showing through non-verbal cues that they agreed. Staff told us that their training enabled them to understand the different ways in which people expressed themselves and that the care and support they delivered on a day to day basis consolidated how people best communicated and voiced their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were aware of the principles of the MCA. They explained that, if it was assessed that a person lacked mental capacity, they would work with their family and the whole team to make a decision for them, in their best interests. Any decisions made on the person's behalf were done so after consideration of what would be in their best interests. We found there were comprehensive decision making care plans in place which guided staff on how to support people to make decisions when best interest decisions had to be made. This was completed in accordance with the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The general manager had sought and gained authorisation from the appropriate authorities to lawfully deprive people of their liberty. Records showed that applications had been made in line with DoLS.

People enjoyed the food they had and we found that those who wanted to, were supported to undertake shopping for menu ingredients as part of their Adult Development programme (ADP). Where people had special dietary requirements these were taken into account, for example, cultural requirements. One person was being supported to eat a healthy diet so as to maintain a healthy weight. People and their relatives had been asked for their likes and dislikes in respect of food and drink and the menu in place had been planned taking their preferences into account. Menus offered people a variety of meals, in line with their dietary preferences and two choices were available for each meal. Members of staff were aware of people's dietary needs and food intolerances and records showed that dietary and food preferences were detailed within people's care plans in a pictorial format to enhance people's understanding. We found people's weight was monitored where there was an identified risk in relation to their food intake. Staff reviewed this information on a regular basis and ensured that referrals were made for timely intervention should this be required.

People were enabled to access healthcare professionals when they needed to. Relatives were pleased with how well the service had engaged with healthcare professionals on people's behalf, for things such as medication reviews. One relative commented, "Thank you to everyone for helping and guiding [Name of Person] to feeling and being so healthy." We found that one person had been prescribed medication which acted to sedate them. Staff had taken action and liaised with the Intensive Support Team and efforts had been made as a result of this to reduce the amount of medication that this person took. This impacted upon the person's quality of life and enabled them to engage more in activities that went on in the service.

We spoke with one healthcare professional who had no concerns about the way in which the service referred people to them. They said that the service worked hard to ensure people saw who they needed to, for example, psychiatrists and psychologists, the local learning disability and mental health team. This

external support was used to ensure that the behavioural strategies implemented by the staff team, were suitable and appropriate. Health action plans were in place to help external professionals understand people's needs and detailed the action that had been taken.

## Is the service caring?

### Our findings

People were happy and content with the care and support they received from staff. They showed through their facial expressions and body language that they felt well cared for. We saw them smiling and laughing and gaining comfort from being close to staff. We observed that close relationships had been forged between staff and people, with moments of sympathy and kind-heartedness being evident in their engagements. People were keen to share what they had done and achieved with the input of staff. When staff asked people what they considered their best achievements were since moving to the service, one person said, "Shopping and buying new clothes." It was evident that staff had fostered effective relationships with people, which created a happy and progressive environment for them.

Relatives were happy and satisfied with the care their loved ones received from staff. They were also very complimentary about the staff that provided it. One relative had commented, "Big thanks for all that you do for [Name of Person]. It's very much appreciated." Another relative stated, "[Name of Person] has settled really well and this is due to the expertise and commitment by all the staff. Staff have been amazing in supporting [Name of Person] and my family and go above and beyond. The level of care is outstanding." We were also told, "I have regular catch ups with [Name of Manager] who is always helpful- nothing is too much trouble."

Feedback from relatives indicated that staff all worked hard to make sure every aspect of care was covered for their loved ones. They considered that the staff team worked together for the benefit of people, to make sure they received high quality care. They also stated that the care provided had given their loved ones more confidence, opened up opportunities for them to gain new life skills and had made positive changes to their quality of life.

Healthcare professionals also considered that staff delivered kind and compassionate care to people, which often helped them to progress in certain areas, for example, reducing episodes of behaviour which challenged. This was felt to have a positive impact on people, making them feel supported and well cared for.

On the day of our inspection, staff made sure people were settled and relaxed, before explaining who we were and asking if they wanted to meet us. Staff then introduced us to people if they had consented, letting the person take the lead and giving them time to express themselves. This philosophy worked and once staff had given them reassurance, people were happy for us to be in their environment. This acceptance was greatly benefitted by the positive relationships staff had with people. People trusted in staff to support and care for them in the right way.

Positive relationships had developed between people and staff. Staff knew people well, spoke with warmth and affection about them and demonstrated that they understood people's preferences in detail. One staff member told us, "We all want to give people the best and to make sure they have everything from life that they deserve." Another staff member said, "When I think back to how people were when they came to us, to what they are like now, it makes me quite emotional. To think that we have been a part of that is inspiring."

The comprehensive information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. Staff told us they worked hard to help motivate people and increase their skills and abilities within many areas, to give them a sense of self satisfaction.

People had an assigned keyworker who had been allocated to them based upon common interests with staff members. As a result of this process, staff knew the people they supported really well. Staff told us their function was to take an interest in that person, developing a good knowledge of them and building up a trusting relationship. They had a good working knowledge of people as individuals, knowing what their personal likes and dislikes were and what experiences in life they wished to achieve. Staff worked hard to use the relationships they had forged over time, to provide care that was meaningful and based upon people's preferences and aims for the future.

The general manager and staff discussed the importance of meaningful communication with people, to benefit the care they received. We talked about the methods they employed to enhance communication with people, using pictorial images and signing, along with identifying people's own specific methods of communication and creating documents and care plans to support all staff to understand what people were trying to express. For one person, this process had proved to be very effective. An individual communication plan, which contained clear guidance for staff based upon the person's gestures, body language and sounds, was now in place. The person felt able to attempt communication with staff and staff were able to understand what was being said, which meant that they could communicate meaningfully.

When people became agitated, staff comforted them by speaking in a calm tone of voice, giving gentle reassurance through touch, which enabled them to relax and feel content. They were extremely patient and very supportive, involving people in conversation, with lots of meaningful chat taking place. Even when people were unable to participate verbally in communication, staff interacted with that person in accordance with the guidance in their care plans, for example, using sign language and visual images to enhance understanding.

People were encouraged to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. Staff told us, and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. People showed they were happy with their choices by smiling and laughing. Care was focused on each person's wishes and needs rather than being task orientated and routine led.

People's bedrooms were personalised and had been furnished and decorated in the way they liked. Some people had brought their own furniture, pictures and decorations with them when they came to live at the service, other people's rooms were reflective of their need for a simple and less stimulating environment. The general manager told us, "It's down to what people want and can cope with." There were areas in the service where people could go to spend time quietly or have privacy if they wished. We saw that there were quiet areas for people to use, a large area that was used as a sports hall and for activities to take place and an accessible garden for people which was safe and secure.

People's privacy and dignity was promoted on a consistent basis throughout the day. Staff members were able to describe ways in which people's dignity was preserved, such as knocking on doors before entering, ensuring people were suitably dressed in communal areas and ensuring that doors were closed when providing personal care. We observed all staff carry out these measures when supporting people and when showing us round the service where staff took time to ensure that people's dignity was maintained before allowing us to enter bedrooms and communal areas. When people needed support staff assisted them in a discrete and respectful manner. Staff supported people with personal care to the extent they needed but

encouraged people to be as independent as they could be. Staff understood how to treat people with dignity and respect and supported them to maintain their privacy.

## Is the service responsive?

### Our findings

People had their needs fully assessed before admission to the service. The general manager told us they were proud of the transition process the service used and felt that this was a lot more robust than they had experienced before. They said, "I think this makes us a cut above the rest, we spend a great deal of time getting the information we need and making sure things are right, so that if a person comes to us, we know what we need to do and how best we can help them." We were told, and records confirmed, that there was a full programme of pre-assessment of needs, where staff took time to spend as much time as was needed with the person. This enabled them to understand exactly what their care and support needs were, what their likes and dislikes were and what made that person tick. Only once this pre-assessment of needs had been completed, would the service decide if they could meet that person's needs, considering aspects such as staffing and the impact that a new admission would have upon the other people living in the service.

Before a new person arrived at the service, staff would spend time working with them in their current setting, getting to know them and their family as thoroughly as possible. For one person who lived in this service, we found that the pre-admission assessment had taken place and involved a team approach, so that the person got to know important staff members prior to their admission to the service. This ensured a really smooth transition into the service and enabled the person's family to become accustomed to staff and the service philosophy. Staff saw the benefits of this process, one saying, "I feel very good about how well [Name of Person] has settled in to the home."

People had a detailed plan identifying their background, preferences, communication and support needs. Staff told us each plan was tailored on an individual basis to address any identified areas of weakness and to play to each person's strengths, ensuring growth and positive outcomes. We found each person's care plan was in easy read format using pictures and short sentences to assist people to understand the content. Throughout each document, we saw photographs of people in a variety of situations (for example, preparing meals or washing hands); in conjunction with pictorial images to support people's understanding of the information contained within their care plans.

People participated in the assessment and planning of their care through regular meetings with their key worker, using pictorial cues and their communication aids, to enable them to have their say. Each person's key worker reviewed their care needs and preferences as part of a weekly key worker report and this information was sent to family members on a regular basis. Senior staff carried out monthly care plan reviews to ensure people's care plans remained current and appropriate to people's individual needs. Throughout our inspection we observed that staff supported people in accordance with their care plans.

Staff told us care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. One staff member told us, "They give us so much information and we build on that through supporting people." Another staff member said, "They are really person centred and tell you lots of information about people, what they like and don't like. That then helps us to know how to approach people and what sort of things they like, want they want to achieve." Care plans had been written in a person centred way which reflected people's individual preferences. Records showed that a needs

assessment for each person was completed regularly to ensure the support being provided was appropriate and remained reflective of their full care needs.

During the inspection we found numerous examples of people being taught daily living skills to promote their independence and increase their social engagement. This included intensive support for people to become more confident in different social settings, such as college or voluntary work placements. One relative had commented, "It's nice to have him interact more with me. I have noticed when he is reading he understands so much more words." This comment stemmed from the work that people and staff had done using the Adult Development Programme (ADP). This was clearly defined in people's records and enabled people to have robust and valuable learning opportunities. It broke vital life skills into easy steps and worked within core themes, which interlinked to provide measurable achievements for people. The general manager told us this was an area that they were proud of and that the service intended to focus on in more detail and to progress for the benefit of people.

One staff member told us, "I have managed to support [Name of Person] in to making a cup of tea with minimal support, by using his visual system." Another staff member said, "I have noticed a big change in the way [Name of Person] completes living skills in his bedroom and will make his bed with minimal support." Staff considered that the ADP helped them to support people maintain life skills and gain new ones.

People were supported to use local public transport and encouraged to pay for items with their own money when out shopping. One relative was so pleased, they said, "Thank you for supporting successful trips." This was because the interventions given had opened up a whole new way of life for their loved one. These achievements had been made possible with the implementation of the ADP.

The service had links with resource centres for people with a learning disability and other local organisations. This included a weekly disco and social club and work experience opportunities in a local park. On site, people had access to a large sports hall where people were supported to engage in sporting activities which not only helped them with their physical coordination, but built upon their social and psychological skills. For example, being able to engage in group activities, gain in self-confidence and improving upon their ability to understand instructions. These skills had really made a difference to each person's life.

People were supported to follow their dreams through the provision of exceedingly person centred activities. One person really loved football and supported their local team. Having recently moved to the service from another where they had been unable to watch matches, staff now helped them to go and watch games on a regular basis. We heard from staff that they had supported the person to watch the game which led to the team winning promotion. The person, helped by staff, enjoyed engaging with other fans as part of the celebrations, joining in with these on the pitch after the match had ended. Their meeting and celebrations with the team captain, was captured in the local paper and we heard how this had really made their day, with them taking the time to write to the club to give their thanks for being able to join in the celebrations. Records showed that people enjoyed the ability to engage in a wide range of activities. They were encouraged and supported to graduate and increase their involvement as they felt able to until they were actively involved and engaged, doing something that they really loved.

Staff confirmed they had worked with the person to determine what their interests were, what activities they wanted to do whilst they were away and what food they might like to eat. Each activity undertaken was based upon people's preferences and was discussed with the person prior to them undertaking the activity. Staff told us by people taking small steps they were supported to work towards bigger and greater achievements.

The provider had its own horse project where people could attend if they wanted to, working to muck out the stables and groom the animals. The idea for the project came from the fact that people told staff they wanted to care for, and look after something. All aspects were set at an appropriate pace for the person and people were given the chance to say if this was something they felt would be of value to them. Staff saw the value in this activity, saying, "I take [Name of Person] to horse project most Tuesdays and I feel I have supported him throughout in developing his skills."

We found that people used the different tasks to reduce their anxiety levels, for example, sweeping out stables gave people the opportunity to imagine cleaning out their frustrations. Feeding the horses gave people the opportunity to learn to love and care for something at their own pace. The project was based upon best practice guidelines for people with autism and was intertwined with the ADP, to work on increasing people's accessibility to new life experiences and accessing a variety of meaningful activities.

Staff told us that dogs caused extreme anxiety for some people whilst in the community. This would often prevent proper access to a full and varied range of activities for them to engage within. The dog project commenced with listening activities (dogs barking etc.) and social stories about dogs in general. The pace was then set by the individual to ensure they were confident and relaxed before moving on. The next stage would be to introduce a dog into the garden whilst the person observed from a window. The ultimate aim was to introduce people to taking part in a dog walking scheme if this was something they wanted to do. Records showed that the ideas for this and the horse project had been fully discussed with people before they came to fruition, so everybody had a chance to give their feedback.

Relatives were aware of the formal complaints procedure in the home, and said the general manager always listened to their views and addressed any concerns immediately. Staff were accessible to both people and relatives, which meant that small issues could be dealt with immediately. There was an effective complaints system in place and the registered manager and senior staff responded appropriately to any complaints that had been made and learned lessons to drive future improvement.

## Is the service well-led?

### Our findings

The service demonstrated excellent and inspiring leadership and management which in turn impacted positively upon the care and support people received from staff. People knew who both the registered manager and general manager were. We heard from one person how they had made significant improvements since moving to the service. They felt they had regained their life and been given hope for their future. We were told this was due to the way in which the delivery of service was given and the service was managed. Another person gave us a 'thumbs up' sign when we asked if they thought the management was good in the service. We heard how their life had been improved since moving to the service; they had gained new skills and worked on improving others, for example, their communication which had enabled them to interact more within the service. These improvements within people's abilities and life opportunities had come because of the proactive interventions of the registered and general manager.

Throughout the day we observed that people approached both the registered and general manager to talk with them. They told us they were pleased to see the managers and responded with warmth, smiling, laughing and updating them with what they had been doing since they last saw them. People were inspired by the registered and general managers to try new things and embrace new opportunities.

Relatives also described the service and the care it provided in extremely positive and meaningful ways. One relative said, "The level of care here is outstanding." Another relative commented that, "There is no better feeling for me as a mum to see how much [Name of Person] has achieved." Another relative said, "The future looks much brighter." Relatives acknowledged that the service had really helped their loved ones to make positive and beneficial progressions in their life. Relatives spoke positively of the registered manager and staff who gave them feedback on a regular basis and said they worked hard to deliver an open, sharing and transparent culture. They said the service was extremely well managed and provided very high quality care, which had impacted for the better on their loved ones lives.

Healthcare professionals were equally positive in their praise for the service and the way in which it was managed. They said that by coming to the service, people had been given a second chance. We were told that very often people's previous placements had not worked, and that by coming to the service, this had opened up a new lease of life for people and given them a wealth of new opportunities. The service was said to significantly enhance the life of people with autism and other related conditions.

Staff felt the registered manager and general manager led by example, to ensure people received the best support possible. They commanded a great deal of respect from their staff team and were extremely passionate and dedicated to their job. One staff member said, "They always do their best by people and that makes us want to do the same. They put 100% effort in to making sure people have everything that they need. They come in and spend time with people and are always here for the staff." It was evident that they both wanted to deliver excellent quality, truly person centred care to people who lived with autism, to make sure people had the best experiences in life that they could.

The general manager, who had responsibility for the day to day running of the service, worked closely with

the registered manager in order to promote a positive culture, that was inclusive and empowering for both people and staff. We saw that plans were in place for them to become the registered manager of the service, as they had been when the service was an educational setting. They knew the people who used the service and staff members really well, and used this information to ensure the service functioned smoothly on a daily basis. In turn this meant that people received care directed by a manager who knew them and their specific needs well. Records showed that they were waiting for their fit person's interview from the Care Quality Commission (CQC). In the meantime, the service had a registered manager, who was also the registered manager of some of the other provider locations. Between them, there was a consistent approach to managing the service, and a strong desire to move forward and be the best they could possibly be.

Staff told us the general manager was very supportive of the people in the service and the staff who worked there. They told us that they were fully understanding of every aspect of the service, including the specific care people required and were more than able to run the service in the absence of the registered manager. One staff member told us, "[Name of general manager] is one of the best." Between the registered manager and general manager, we found that they had instilled a very positive culture amongst staff, which not only contributed to the high quality care being provided but meant that staff shared a common goal, to ensure people received the very best care they could. The managers were both highly experienced, caring and very approachable and their passion for their jobs was evident in the way they both treated people and staff. They had embedded excellent systems in to the service, which meant that it was able to function in a very person centred manner, but with consistent oversight to ensure that it remained providing high quality care. This process meant that people received the care they really wanted.

One member of staff said "I love it here, the staff team pull together. We are asked for ideas about what we want to do, if things are working. We all feel valued." Another member of staff said, "I love this company, we all get on well, communication is great, you always know what is going on." Staff commented that the service was well-led, always thinking about the impact of the care and any changes to the people who used the service, with on-going evaluation of all aspects of care in order to drive improvement. They told us that senior management had a visible presence which helped give them confidence they were doing a good job and made them feel really well supported.

Staff told us they were always willing to help out and learn new skills and develop their knowledge, because this helped them to provide excellent and outstanding care and support to people. For this reason, the general manager also said, "I like inspections; I think the process really helps us to know what we are doing well and to see where we can improve. I will use all of your feedback and discuss things with people and staff to see where we can make improvements." Records confirmed that advice and input from local authorities, people and their relatives was valued and listened to. Where questionnaires had been completed by people and their relatives, the responses were taken into account so that the managers could maintain an oversight of each aspect of care and support. The provider and registered manager were fully committed to ensuring the service continually improved.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. People thrived with this approach and we found that they reacted well and that in some cases, behavioural challenges had reduced and certain medication had been discontinued, because of the way in which care was managed. Despite people having complex needs and requiring two to one staff input, we could see that the staff team worked cohesively which helped them to provide good care for people and enabled them to feel supported within the work environment. Regular staff meetings gave them the opportunity to discuss any issues they had, about practice in general or about individual people and enabled staff to share ideas or ways to improve working lives. Staff were able to

question the managers and raise concerns if required. Records showed regular staff meetings had been held for all staff. The minutes showed the manager openly discussed issues and concerns and that action plans were developed when appropriate.

The culture within the service was exceptionally positive, whilst being open and transparent. It was firmly focused on maintaining individuality and providing person centred care in an inclusive and empowering way. One person told us how they loved clothes; we saw they had been supported to purchase new clothing in accordance with their preferences. It was clear to see how much joy they had gained from this; they had been supported to engage in an activity which really meant something to them, which had made them feel satisfied with their own abilities. This was made possible because staff were passionate about maximising each person's potential and independence. One staff member told us, "If I can make a change to someone's life, no matter how small, I know I have done a good job. Working here gives you such job satisfaction, it isn't really a job, and it's a way of life." They wanted to equip people with skills for life regardless of whether they remained within the service or eventually moved on.

People were involved in the running of the service. An example of this was their involvement in the selection process of new staff. As part of the interview process, shortlisted candidates were required to spend time with people, whose views were then sought. The general manager told us that people were supported to sit in on interviews, so they could feel reassured that potential new staff were suitable for the service and so new staff could understand what people wanted from them. People were also supported to become involved in the local community. The service had links with resource centres for people with a learning disability, local leisure facilities and employers who offered work placements. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their on-going learning and development. This enabled people to become more independent and empowered them to take ownership of their futures.

There was a strong vision and set of values, which was clearly outlined within the provider statement of purpose and user guides. The values of the service were based upon supporting people in a holistic manner, continuing their education and giving them life skills, whilst being supported to undertake new experiences. These values were reinforced on a frequent basis through staff meetings, supervisions and day to day practice which enabled staff to have confidence in them and to use them to drive improvements for people. Staff had the confidence to question their practice, to improve upon it, gain in confidence with on-going support and as a result, feel positive about the work they did. There was a clear correlation between policy and practice, with each aspect of care being underpinned by robust guidance in the form of policies and procedures, staff training, robust care records and excellent practice which ensured positive, person centred care was delivered.

The registered manager and general manager told us they were consistently looking to drive improvement with the support of the provider. Staff were proud of the awards that had been won by the provider organisation, which included Investor in People, Marion Cornick Award for Innovative Practice and Northants Chamber Business Excellence Awards Training and Development Award. In the Provider information Return (PIR) they had detailed their commitment to providing a quality service and having a culture amongst staff which reflected the provider vision. This included them being open to challenge, friendly and caring, with a good attitude. It was evident the registered manager and other senior managers were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure this took place, we saw they worked closely with staff, working in cooperation to achieve good quality care.

The service was forward thinking and responded well to any anticipated future needs for people. Relatives

told us that because people's needs were reviewed on a regular basis, changes could be acted upon in a timely manner. Any changes were incorporated into people's routines in a seamless manner, so the impact was not detrimental to them. There was an ethos of continual development and senior managers were open to suggestions from people, relatives, staff and health professionals who were involved in the service. We were told, "We have known these people since they were young, we have grown with them, they are part of our family and we want the very best for them. We will strive to make sure they all get what they need and any achievement they make is an achievement for us all." Staff focus remained on how they could continue to improve, so they could be the best they could and to enable people to have the best quality of life possible.

The provider was truly committed to promoting a person centred ethos for the people it supported. They were supportive of other services and involved in networking to promote best practice and share initiatives. We found they were accredited with the British Institute for Learning Disabilities which enabled them to access current information so they could they deliver effective care and support based on best practice. For example, staff used a variety of assessment tools and techniques, they had adapted specially for use with autism, to enable people to achieve their maximum potential in both educational and life skills development. The provider also employed a behaviour coordinator to support people with autism and to train staff in service specific communication. We found that the provider participated in a number of other forums for exchanging information and ideas and providing people with best practice. They attended training seminars and events organised by external training providers and accessed online resources such as the Social Care Information and Learning Service and the Care Quality Commission's website.

The provider ran a "Staff of the Month" award system. Each month five staff members were chosen because of their individual qualities, for example, being helpful to colleagues or a good team player. This incentive gained staff an additional £100 in their wages if they were nominated. Staff also received a financial benefit for recommending the service as an employer to any of their friends and relatives. They also had the ability to work through a progression scheme of spine points. This equated to an incremental wage increase, if they undertook a range of training courses and worked shifts across different units within the provider organisation. The registered manager told us staff often asked to undertake different aspects of work to help them to progress and develop more quickly. This system enabled staff to feel motivated and positive about their work and to gain a wider range of skills and experience within the service.

Quality assurance systems were in place and used, along with feedback, to drive future improvement and make changes for the better. The registered manager and general manager both told us that the systems in place ensured that they could adopt a consistent approach to the provision of care and to monitoring its effectiveness. There were systems in place to monitor the quality of care at the service, as well as to identify areas for development. We saw there was a programme of regular audits which had been carried out on areas, including health and safety, infection control and medication which helped staff to ensure that people received their medication correctly. There were also care plan audits and tools in place to monitor the progress of staff training and supervision, which helped them to highlight when courses or meetings needed to be scheduled. Records showed that the provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits, writing reports and identifying any possible areas for improvement. The provider reviewed all aspects of service delivery, in order to improve the quality of care being provided.

The service also sought the views and opinions of people receiving care from the service. The general manager told us that regular satisfaction surveys were sent out to people, relatives and healthcare professionals, to gain their feedback about the care they received. Results of the surveys were collated and analysed to help the service identify what areas were going well, and where work was needed to ensure

people were happy with their care. The provider had made sure there were systems in place to monitor and review the performance of the service, and identify areas for future development.